

may  
8/17

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.       | DATE          |
|---------------------------|-----------|--------------|---------------|
| FEE DETERMINATION         | <i>SW</i> | <i>62801</i> | <i>4/17</i>   |
| O.I.P.E. CLASSIFIER       |           | <i>12</i>    | <i>1/22</i>   |
| FORMALITY REVIEW          | <i>LL</i> | <i>811</i>   | <i>8/4/00</i> |
| RESPONSE FORMALITY REVIEW |           |              |               |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 12-1-00 |
| 2              | 12-1-00 |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy